

<i>SERFF Tracking Number:</i>	<i>BNLC-128354744</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>12-82-065</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Individual Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Term to 90/</i>		

Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: Individual Term Life Insurance SERFF Tr Num: BNLC-128354744 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: 12-82-065 State Status: Approved-Closed

Filing Type: Form

Author: Wilbur Henderson

Date Submitted: 06/01/2012

Reviewer(s): Linda Bird

Disposition Date: 06/05/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 07/31/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Term to 90

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/25/2012

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/05/2012

State Status Changed: 06/05/2012

Created By: Wilbur Henderson

Corresponding Filing Tracking Number: 12-82-065

Deemer Date:

Submitted By: Wilbur Henderson

Filing Description:

RE: INDIVIDUAL TERM LIFE INSURANCE

12-82-065(03) Application

12-82-068 Reinstatement Application

12-82-067(03) Policy

067-SCH Policy Schedule

SERFF Tracking Number: BNLC-128354744 State: Arkansas
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Fixed/Indeterminate Premium
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Actuarial Memorandum

NAIC# 233-62065 FEIN# 23-1628836

Dear Mr. / Ms:

Attached for your review and approval are copies of above captioned forms. These forms are new and do not replace any forms currently on file with your Department.

Policy form 12-82-067(03) is designed to provide level benefit term life insurance. Premiums are banded by age. Rates are determined and guaranteed at issue and will be based on the attained age of the insured; rates will change when the insured reaches a new age band. Coverage will be marketed on a direct response basis as well as on the internet. Both marketing methods will be on a simplified issue underwriting basis. This form will not be illustrated.

Policy Schedule 067-SCH is computer generated and will contain data unique to each insured.

Application 12-82-065(03) is intended for use when marketing this policy. A copy of the application will be attached to the policy when issued. Should in the future our marketing offers change, we are requesting variability for the plans of insurance offered and the type of insurance to reflect what would be available (such as offering whole life insurance using same application). Also, the payment mode and benefit amount may vary depending on the marketing offerings available. It is our intention to begin offering this coverage September 1, 2012

Reinstatement application 12-82-068 is intended for use with policy form 12-82-067 to allow for reinstatement of coverage that has lapsed.

Accidental Death Benefit Rider 11-82-133, approved by your Department on 6/6/00, may be made available to applicants. If offered and if selected, the AD Rider will provide a level benefit face amount for death that results from accidental bodily injury, and will be attached to the Policy.

Attached also are Actuarial Memorandum with support documentation to assist with your review.

The attached forms are in final printed format, subject only to minor changes in ink, color, paper stock, company logo and logo type, border design, margins and positioning. Material that is bracketed or written in "John Doe" fashion is intended to be variable.

The referenced forms were approved in Pennsylvania, our domicile, on April 25, 2012.

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Product Name: Individual Term Life Insurance

Project Name/Number: Term to 90/

I trust this submission is in order; however, should you have any questions or need additional information, please do not hesitate to call collect at the number listed above.

Sincerely,
 Wilbur Henderson Jr.
 State Narrative:

Company and Contact

Filing Contact Information

Wilbur Henderson Jr., Contract Analyst whenderson@colpenn.com
 399 Market Street 215-928-6085 [Phone]
 Philadelphia, PA 19181 215-928-6431 [FAX]

Filing Company Information

Colonial Penn Life Insurance Company CoCode: 62065 State of Domicile: Pennsylvania
 399 Market Street Group Code: 233 Company Type: Life/Health
 Philadelphia, PA 19181 Group Name: State ID Number:
 (215) 928-8688 ext. [Phone] FEIN Number: 23-1628836

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 Per policy including all forms & rates associated with policy
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$50.00	06/01/2012	59621587
Colonial Penn Life Insurance Company	\$100.00	06/04/2012	59659494

SERFF Tracking Number:	BNLC-128354744	State:	Arkansas
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Product Name:	Individual Term Life Insurance		
Project Name/Number:	Term to 90/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/05/2012	06/05/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/04/2012	06/04/2012	Wilbur Henderson	06/04/2012	06/04/2012

<i>SERFF Tracking Number:</i>	<i>BNLC-128354744</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BNLC-128354744 State: Arkansas

Filing Company: Colonial Penn Life Insurance Company State Tracking Number:

Company Tracking Number: 12-82-065

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Individual Term Life Insurance

Project Name/Number: Term to 90/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Previously Approved Form		Yes
Supporting Document	Statement of Variable Material		Yes
Form	Application		Yes
Form	Reinstatement Application		Yes
Form	Policy w Sch Page		Yes

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TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term Life Insurance
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/04/2012
Submitted Date 06/04/2012
Respond By Date 07/05/2012

Dear Wilbur Henderson Jr.,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Fixed/Indeterminate Premium
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Project Name/Number: Term to 90/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/04/2012
Submitted Date 06/04/2012

Dear Linda Bird,

Comments:

Thank you for your response

Response 1

Comments: an additional \$100.00 has been sent via EFT

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Wilbur Henderson

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Company Tracking Number: 12-82-065

TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

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Form Schedule

Lead Form Number: 12-82-065

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	12-82-065(03)	Application/ Application Enrollment Form	Initial		54.600	ar appl 065(03).pdf
	12-82-068	Application/ Reinstatement Enrollment Application Form	Initial		54.600	gen reiinstmnt appl 068.pdf
	12-82-067(03)	Policy/Cont Policy w Sch Page ract/Fratern al Certificate	Initial		53.700	ar policy 067(03) w sch pg.pdf

COLONIAL PENN LIFE INSURANCE COMPANY, Philadelphia, PA 19181

APPLICATION for Term Life Insurance

MEMBER NUMBER BARCODE

Member Number: XXXXXXXX

Source Code: XXXXXXXXXX

Proposed Insured

Name: JOHN Doe Phone Daytime: (XXX) XXX-XXXX
 Address: 123 MAIN ST. Phone Evening: (XXX) XXX-XXXX
LANTOWN, AR E-mail Address: [N/A]
 Age: 35 Date of Birth: XX / XX / XX ☒ Male ☐ Female

Coverage Amount Requested (check only one amount) → ☒ \$10,000 ☐ \$20,000 ☐ \$30,000 ☐ \$40,000 ☐ \$50,000

Is this insurance intended to replace or change any existing life insurance or annuity plan? ☐ Yes ☒ No

Name of Insurance Company _____ Plan of Insurance _____ Amount of Insurance _____

Beneficiary Designation (will be divided equally unless noted otherwise)

A. JOHN Doe Relationship to You Wife % Share 100 Beneficiary E-mail Address [N/A]
 Beneficiary Name (Please Print)

B. _____ Relationship to You _____ % Share _____ Beneficiary E-mail Address _____
 Beneficiary Name (Please Print)

Payment Options (Send No Money Now)

I wish to pay (check one):

☒ **Monthly** (available for automatic bank deduction or credit card)
☐ **Quarterly** (bill me for 3 months) ☐ **Semi-annual** (bill me for 6 months) ☐ **Annual** (bill me for 12 months)

Statement of Health

Height: 6 ft 1 in Weight: 190 lbs

- Are you using a wheelchair, using oxygen to assist with breathing, confined to a hospital or nursing facility, receiving home health or hospice care, or are you currently disabled due to illness? ☐ Yes ☒ No
- Have you had or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? ☐ Yes ☒ No
- In the past 3 years, have you had or been treated for:
 - Chronic obstructive lung disease, coronary artery disease, or any disease or disorder of the heart, brain or liver? ☐ Yes ☒ No
 - Cancer, chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, drug or alcohol abuse, or have you been hospitalized for diabetes? ☐ Yes ☒ No
 - Any chronic illness or condition which requires medication or periodic medical care, or have you been advised to have surgery which has not been performed? ☐ Yes ☒ No
- Are you currently undergoing evaluation, diagnostic testing or treatment, or been advised to have testing not yet completed? ☐ Yes ☒ No

Read and Sign

I have read the questions and my answers are true and complete to the best of my knowledge and belief. I understand that no insurance is in effect unless this application is approved by Colonial Penn Life Insurance Company ("the Company"), a policy is issued during my lifetime and my continued insurability, and the premium has been paid. This application will be part of any policy issued and, within the first two years, a false statement or answer can be used to contest coverage as of its effective date or deny a claim. The effective date will be shown on the Policy Schedule.

I authorize MIB, Inc. or other organization, health care provider, insurance company, pharmacy, pharmacy benefit manager or person that has any records or knowledge of me or my health to give to the Company and its authorized representatives any such information. I understand this information will be used to determine my eligibility for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from the date signed and may be revoked by sending written notice to the Company. A photocopy is as valid as the original. I am entitled to a copy of this form. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. I have read the Notice to Applicant.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

☐ Yes! I want additional Accidental Death Coverage in the amount of (check one):
☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Signature of Proposed Insured X

John Doe

Date

6/1/12



COLONIAL PENN LIFE INSURANCE COMPANY, PHILADELPHIA, PA 19181

Application for Reinstatement of Life Insurance

FOR HOME OFFICE USE ONLY

Policy/Certificate No. [RT-123456789]	Date of Issue [5/1/10]	Date of Lapse [5/1/11]	Type of Insurance <input checked="" type="checkbox"/> Term <input type="checkbox"/> Whole Life
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PERSONAL INFORMATION SECTION

Proposed Insured [#####] Area Code/Phone # Day [23-456-7890]
Address [#####] Area Code/Phone # Evening [11-222-3333]
[#####]
[#####] Gender [MALE]
E-mail Address _____ Date of Birth [#####] Age 60

STATEMENT OF HEALTH

[Height 5 ft. 8 in. Weight 170 lbs.]

- Are you using a wheelchair, using oxygen to assist with breathing, confined to a hospital or nursing facility, receiving home health care or hospice care, or are you currently disabled due to illness? ☐ Yes ☒ No
- Have you had or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? . . ☐ Yes ☒ No
- In the past 3 years, have you had or been treated for:
 - Chronic obstructive lung disease, coronary artery disease, or any disease or disorder of the heart, brain or liver? ☐ Yes ☒ No
 - Cancer, chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, drug or alcohol abuse, or have you been hospitalized for diabetes? ☐ Yes ☒ No
 - Any chronic illness or condition which requires medication or periodic medical care, or have you been advised to have surgery which has not yet been performed? ☐ Yes ☒ No
- Are you currently undergoing evaluation, diagnostic testing or treatment, or been advised to have testing not yet completed? ☐ Yes ☒ No

Read and Sign

I have read the questions and my answers are true and complete to the best of my knowledge and belief. I understand that no insurance is in effect unless this application is approved by Colonial Penn Life Insurance Company ("the Company"), a policy/certificate is issued during my lifetime and my continued insurability, and the past due premium has been paid. I understand that this application shall form a part of the policy/certificate of insurance, if reinstated, and that within the first two years following the date of reinstatement, a false statement or answer can be used to contest the policy/certificate as of its reinstatement date or to deny a claim. If reinstated, the policy/certificate will be effective on the Effective Date shown on the Policy/Certificate Amendment.

I authorize MIB, Inc. or other organization, health care provider, insurance company, pharmacy, pharmacy benefit manager or person that has any records or knowledge of me or my health to give to the Company and its authorized representatives any such information. I understand this information will be used to determine my eligibility for reinstatement. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from the date signed and may be revoked by sending written notice to the Company. A photocopy is as valid as the original. I am entitled to a copy of this form. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. I have read the Notice to Applicant and any applicable fraud or other notice shown on the reverse.

Signature John Doe Date 4/19/12

FRAUD NOTICE

GENERAL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA, MAINE & TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW MEXICO

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

A Stock Company

READ YOUR POLICY CAREFULLY

This certifies that, subject to the terms and conditions of this policy, the person named as the insured on the Policy Schedule is covered by this insurance. The words "we", "us" and "our" refer to Colonial Penn Life Insurance Company. The words "you", "your" and "yours" refer to the owner. This policy is a legal contract between you and us.

The premium for this coverage is shown on the Policy Schedule. If we have received and approved a completed application and received an initial premium payment, the coverage will take effect on the Effective Date shown on the Policy Schedule. Both must be mailed or delivered to us during the insured's lifetime and received not later than the Effective Date, unless a later date is specified by us in writing, or this policy will never have been in effect and no benefit will be paid for any loss. If we allow payment by credit card or automatic bank account deduction, completed authorization for same will be considered payment of the initial premium.

This coverage will end on the Expiry Date shown on the Policy Schedule. Premiums are payable to the Expiry Date.

RIGHT TO EXAMINE THIS POLICY

If you decide you do not want this coverage, you may return this policy within 30 days after receipt. We will then send you a full refund of any premium paid. If returned, this policy will never have been in effect.

Policy Index

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Death Benefit..... 2	Non-Forfeiture Benefits..... 3
Premiums 2	General Matters4&5
Renewal 2	Policy ScheduleSCH
Termination 2	

POLICY

RENEWABLE LEVEL BENEFIT TERM LIFE INSURANCE TO AGE 90

Non-Participating

DEATH BENEFIT

We will pay the Death Benefit of this policy to the Beneficiary after we receive completed claim forms and due proof that the insured died while this policy was in force. Within 30 days of our receipt of proof of the insured's death, we will pay the Death Benefit in effect on the date of the insured's death subject to any and all provisions of Arkansas laws. If the Death Benefit and any refund of premium are not paid when due, we will pay interest on the proceeds or refund at the rate of 8% per year, or as required by law, from the date of the insured's death. Failure of the Beneficiary to cooperate in the claim process may delay payment of the Death Benefit.

PREMIUM PROVISION

Premium Payment	Coverage will be effective subject to the payment of premiums. All premiums after the first are payable to us on the premium due date.
Grace Period	You have a grace period of 31 days after the due date to pay each premium after the first. Coverage will stay in effect during the grace period; however, if death occurs any unpaid premiums will be deducted from the Death Benefit. If any premium is not paid when due or during the grace period, this policy will terminate at the end of the grace period subject to the Non-forfeiture Benefits Provision.
Reinstatement	You may reinstate this coverage within 3 years of the date of termination unless the Expiry Date has passed or this policy has been surrendered for its cash value. To reinstate coverage, you must: (1) submit evidence acceptable to us that the insured is still insurable; and (2) pay all overdue premiums with 6% interest compounded annually; and (3) repay all loans with interest.

RENEWAL PROVISION

Right to Renew Prior to Age 90	If the insured is under attained age 90, you can renew this insurance for an additional period, by paying the premium when due or during the 31-day grace period that follows. Evidence that the insured is still insurable will not be required. The premium for the renewal period will be based on the insured's attained age on the date of renewal.
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TERMINATION PROVISION

Subject to the Non-forfeiture Benefits Provision, coverage will terminate on the earliest of the following: (1) the end of the grace period following any premium due date for which the premium has not been paid; or (2) 31 days after the Company mails the Owner notice at his/her last known address that the maximum loan amount exceeds the cash value, if any; or (3) the date we receive your written request to terminate this coverage; or (4) the date of the insured's death; or (5) the Expiry Date shown on the Policy Schedule.

If you request that this policy be terminated, we will refund all premiums paid beyond the month in which termination occurs.

LOAN PROVISION

Loans	If this policy is in force and has a cash value, you may obtain a loan on it. The policy must be properly assigned to us before any loan is made. The maximum loan amount is the amount which when added to any existing loan and any unpaid premium together with 8% interest will not exceed the cash value.
Loan Interest	The loan interest rate is 8% per year. Interest is due at the end of each policy year. If not paid when due, interest will be added to the loan amount.
Loan Repayment	You may repay at any time the whole or any part of any loan. If not repaid, the total of any outstanding loans and the interest thereon will be deducted from any Non-forfeiture or Death Benefit payable.
Other Loan Rules	Loans will not be made while this policy is continued as paid-up or extended term insurance. We have the right to delay granting a loan for up to six months.

NON-FORFEITURE BENEFITS PROVISION

Non-forfeiture Benefits	If the policy has a cash value and a premium is unpaid at the end of the grace period, you may: (1) continue this policy as extended term life insurance; or (2) continue it as paid-up life insurance; or (3) surrender it for its cash value. If you make no selection within 60 days after the due date of the unpaid premium, this policy will be automatically continued as extended term life insurance.
Extended Term Life Insurance	The policy will be continued automatically from the due date of the unpaid premium as extended term life insurance for the period shown in the Table of Non-Forfeiture Benefits on the Policy Schedule unless another option is selected. The amount will be the current Death Benefit less any loans. The term period of such insurance will be that which the cash value will purchase as a net single premium at the insured's attained age.
Surrender	You may surrender this policy for its cash value less any loan. To surrender this policy, you must submit a written request on a form satisfactory to us. Once surrendered, this policy is no longer in force. We may delay payment of the cash value for up to six months.
Paid-Up Life Insurance	You may request paid-up life insurance upon presenting this policy to us. This option provides a level amount of paid-up life insurance until the Expiry Date shown on the Policy Schedule. The cash value less any loan on the date you request this option will be used as a net single premium at the insured's attained age to purchase the paid-up life insurance.
Surrender of Paid-up or Extended Term Insurance	While this policy is continued as paid-up life insurance or extended term insurance, you may surrender it at any time. The amount payable will be equal to the then present value of future benefits under that insurance. If such insurance is surrendered within 30 days from any policy anniversary, we will pay an amount that will not be less than the present value of the future benefits on that anniversary. Once surrendered, this policy is no longer in force.
Calculation of Non-forfeiture Values	<p>The Company uses sex distinct composite mortality rates on an age last birthday basis from the Commissioners 2001 Standard Ordinary Mortality Table in calculating the net single premiums, reserves and cash values under this policy. In the calculations, the Company assumes that: (a) any money held to pay future benefits guaranteed by the policy will earn interest at the annual rate shown on the Policy Schedule; (b) premiums are received at the beginning of the policy year; and (c) the death benefit is paid at the end of the policy year in which death occurs.</p> <p>The calculations are based on the insured's attained age. The calculation of non-forfeiture values at a time other than the policy anniversary takes into account the elapsed time and any fractional premiums paid since the last anniversary.</p>
Method of Calculating Values	The values shown in the Policy Schedule are calculated by the Standard Non-forfeiture Method. This method is stated in the insurance laws of the state where the policy is delivered. The values are not less than those required by the laws of that state on the policy's Effective Date.
Table of Non-forfeiture Values	The Policy Schedule shows non-forfeiture values applicable only at the policy anniversary on or after the birthday on which the insured attains the stated age. The values assume that the premium is paid and no loans exist. We will furnish non-forfeiture values not shown on the Policy Schedule upon request.

GENERAL MATTERS

Insured	The person whose life is covered by this policy.
Issue Age	The insured's age as of his/her last birthday on or before the Effective Date of this policy.
Attained Age	The insured's age as of his/her last birthday on or before the policy anniversary.
Beneficiary	Information regarding your beneficiary designation is shown on the Policy Schedule. In the event there is no designated beneficiary living when the insured dies, proceeds will be paid to you or your estate. You may change the beneficiary at any time during the insured's lifetime. You must give written notice on a form satisfactory to us. Such change will take effect on the date you sign the notice, but only if we receive and file it at our Home Office. No request for change will affect any benefit paid or action taken before we receive and file it.
Owner	The owner is shown on the Policy Schedule. The owner may exercise all rights and privileges while the insured is living. You may change the owner at any time during the insured's lifetime. You must give written notice on a form satisfactory to us. Such change will take effect on the date you sign the notice, but only if we receive and file it at our Home Office. No request for change will affect any benefit paid or action taken before we receive and file it.
Dates	Policy anniversaries, years and months are measured from the Effective Date shown on the Policy Schedule.
Expiry Date	The policy anniversary on or after the birthday on which the insured reaches attained age 90.
Entire Contract/ Changes	The policy and a copy of its attached application and rider or endorsements, if any, is the entire contract between you and us. No change in this policy will be effective until approved by one of our executive officers. This approval must be noted on or attached to the policy. No agent or other person may change this policy or waive any of its provisions.
Statements in Application Form	Statements made in the application, in absence of fraud, are representations and not warranties. No statement, unless it is contained in the application, will be used by us to deny a claim.
Misstatement of Age or Sex	If the insured's issue age or sex has been misstated, the applicable Death Benefit will be the amount which the premiums paid would have purchased at his/her correct issue age and sex.
Incontestability	<p>Except for non-payment of premium, this policy is incontestable after it has been in force during the insured's lifetime for two years after the Effective Date.</p> <p>If this policy lapses and is reinstated, we can contest statements made in the application for reinstatement. The period for contesting such statements is during the insured's lifetime for 2 years from the effective date of reinstatement.</p>
Assignment	No assignment of interest in this policy will be binding upon us unless the original or a duplicate is filed with the us at our Home Office prior to the time this policy becomes payable. We will assume no responsibility for the validity or sufficiency of any assignment, and any claim thereunder shall be subject to proof of interest.

GENERAL MATTERS (Continued)

- Non-Participating** The policy is non-participating. This means that you will not share in our surplus earnings.
- Claim Forms** The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that we provide to the Beneficiary for the submission of a claim for the Death Benefit.
- Payment
of Claims** All claims must be submitted to us at our Home Office. Payment of the Death Benefit according to the provisions of the policy will discharge us from any further liability. We will refund any premiums paid beyond the month in which death occurs.
- Suicide** The Death Benefit will not be paid if the insured dies because of suicide, while sane or insane, within 2 years of the Effective Date. Instead, we will return all premiums paid plus interest.

COLONIAL PENN LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Gregory B. [unclear]", with a large, stylized loop at the end.

President



Colonial Penn Life Insurance Company - 399 Market Street - Philadelphia, PA 19181

POLICY SCHEDULE

RENEWABLE LEVEL BENEFIT TERM LIFE INSURANCE TO AGE 90

This is level benefit term life insurance. We will pay the Death Benefit Amount if the insured dies, subject to the terms of this policy.

Insured: [John R. Doe]

Policy Number: [PN12345678]

Owner: [John R. Doe
1231 N. Main Street
Anytown, US 12345-6541]

Sex: [Male]

Issue Age: [35]

Effective Date: [07/01/2012]

Death Benefit Amount: [\$10,000]

Expiry Date: [07/01/2067]

Initial Premium: [\$83.80 Annually]

Policy Fee: [\$18.00]
[included in annual premium]

Non-forfeiture Interest Rate: [4.50%]

Beneficiary: As shown on the attached application form, or as subsequently changed.

PREMIUM SCHEDULE

ATTAINED AGE	ANNUAL PREMIUM
36	\$98.90
41	\$122.70
46	\$149.90
51	\$197.90
56	\$253.90
61	\$350.70
66	\$474.10
71	\$661.50
76	\$949.50
81	\$1,340.20
86	\$1,936.40

TABLE OF NON-FORFEITURE BENEFITS

YEAR	ATTAINED AGE	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE	
				YEARS	DAYS
1	36	\$0	\$0	0	0
2	37	\$0	\$0	0	0
3	38	\$0	\$0	0	0
4	39	\$0	\$0	0	0
5	40	\$0	\$0	0	0
6	41	\$0	\$0	0	0
7	42	\$0	\$0	0	0
8	43	\$0	\$0	0	0
9	44	\$0	\$0	0	0
10	45	\$0	\$0	0	0
11	46	\$10	\$40	0	126
12	47	\$40	\$160	1	105
13	48	\$80	\$300	2	151
14	49	\$110	\$400	3	23
15	50	\$140	\$490	3	194
16	51	\$170	\$570	3	312
17	52	\$230	\$740	4	213
18	53	\$280	\$870	4	357
19	54	\$330	\$990	5	101
20	55	\$370	\$1,080	5	137
30	65	\$980	\$2,130	5	193
55	90	\$0	\$0	0	0

<i>SERFF Tracking Number:</i>	<i>BNLC-128354744</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Penn Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>12-82-065</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Individual Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Term to 90/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
ar recert.pdf		
ar cocert.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:		
Application under Form Schedule		

	Item Status:	Status Date:
Satisfied - Item:	Life & Annuity - Acturial Memo	
Comments:		
Attachments:		
Actuarial Memo 067.pdf		
Act Cert.pdf		
Rates.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Previously Approved Form	
Comments:		
Attachment:		
ar prev apprvr adr info.pdf		

	Item Status:	Status
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SERFF Tracking Number: *BNLC-128354744* *State:* *Arkansas*
Filing Company: *Colonial Penn Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *12-82-065*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.103 Renewable - Single Life -*
Product Name: *Individual Term Life Insurance*
Project Name/Number: *Term to 90/*

Date:

Satisfied - Item: Statement of Variable Material

Comments:

Attachment:

stmnt of var mat.pdf

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

ARKANSAS
READABILITY CERTIFICATION

This is to certify that the attached Policy
Form No. 12-82-067(03), has achieved a Flesch Reading Ease Score of
53.7 and complies with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258,
cited as the Life and Disability Insurance Policy Language Simplification Act.

Betty Hewes Eddings

Signature of Officer

Betty Hewes Eddings

Name of Officer

ASST. SECRETARY

Title of Officer

5/24/12

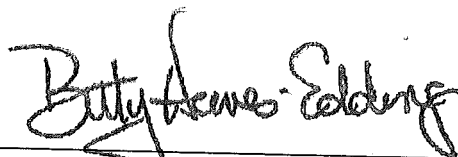
Date

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

ARKANSAS
READABILITY CERTIFICATION

This is to certify that the attached APPLICATIONS
Form No. 12-82-065 + 12-82-068, has achieved a Flesch Reading Ease Score of
54.6 and complies with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258,
cited as the Life and Disability Insurance Policy Language Simplification Act.



Signature of Officer

Betty Hewes Eddinger

Name of Officer

ASSISTANT SECRETARY

Title of Officer

5/24/12

Date

COLONIAL PENN LIFE INSURANCE COMPANY

399 Market Street - Philadelphia, Pennsylvania 19181

ARKANSAS
CERTIFICATION OF COMPLIANCE
REGULATION 19

I have reviewed or supervised the review of this submission and hereby certify that it is in compliance with Rule and Regulation 19.

Betty Hewes-Eddinger

Signature of Officer

Betty Hewes-Eddinger

Name of Officer

ASSISTANT SECRETARY

Title of Officer

5/24/12

Date

Conseco Direct Life Insurance Company

399 Market Street - Philadelphia, PA 19181

ACCIDENTAL DEATH BENEFIT RIDER

Insured: [John A. Doe]

Policy Number: [000000000]

Owner: [John A. Doe
123 Any Street
Any City, PA 00000]

Issue Age: [35]

Rider Effective Date: [June 01, 2000]

Rider Premium: [2.20
Annually]

Accidental Death Benefit: [10,000]

This rider is attached to and made a part of the policy bearing the Policy Number shown above. If we have received an application form and initial premium payment, this rider will take effect on the Rider Effective Date shown above. Both must be mailed or delivered to us during the insured's lifetime and received not later than the Rider Effective Date, unless a later date is specified by us in writing, or this rider will never have been in effect and no benefit will be paid for any loss.

When used in this rider, **Insured** means the person whose life is covered by the policy. **Owner** means the owner shown above. If no owner has been designated, then the owner is the insured. The terms "you" and "your" refer to the owner. The owner may exercise all rights and privileges, while the insured is living.

RIGHT TO EXAMINE THIS RIDER

If you decide that you do not want this coverage, you may return this rider within 30 days after receipt. We will then send you a full refund of any premium paid. If returned, this rider will never have been in effect.

ACCIDENTAL DEATH BENEFIT

Accidental Death is death that results directly and independently of all other causes from accidental bodily injury. If the insured dies as a result of Accidental Death, we will pay the applicable Accidental Death Benefit shown above. The benefit will be paid to the designated beneficiary upon receipt of due proof of Accidental Death. Death must occur within 90 days of the accident causing that injury. The accident must occur while this rider is in force.

APPROVED

JUN 6 2000

INSURANCE COMMISSIONER
STATE OF ARKANSAS

The following exclusions apply specifically to the benefits provided under this Rider.

EXCLUSIONS

Death that results directly or indirectly from any of the following is not an Accidental Death:

- bodily or mental illness or disease of any kind.
- infection of any nature, except septic infection of a visible wound caused by an accident.
- medical or surgical treatment, except when required as a result of an accident.
- suicide while sane or insane.
- any poison or gas voluntarily taken, administered, absorbed, or inhaled.
- any war or act of war, declared or not.
- air travel while you are a pilot or crew member.
- participation in any speed contest.
- hang gliding or sky diving.
- commission of or attempt to commit an assault or a felony.
- voluntary use of drugs unless taken as prescribed by a physician.
- a blood alcohol content level of .10 or higher.

INCONTESTABILITY

Except for non-payment of premium, coverage under this rider is incontestable after it has been in force during the insured's lifetime for two years after the Rider Effective Date.

TERMINATION

Coverage under this rider will terminate on the earliest of the following:

1) the end of the grace period following any premium due date for which the premium for this rider has not been paid; 2) the date the policy terminates or expires; or 3) the date the policy is continued under any Non-forfeiture Benefit.

This rider is subject to all policy provisions, definitions and conditions that are not in conflict with this rider.

CONSECO DIRECT LIFE INSURANCE COMPANY



President

COLONIAL PENN LIFE INSURANCE COMPANY
Statement of Variability Material

The following items in the application forms are filed as bracketed and/or are in "John Doe" fashion to note variable material.

Variability includes when known the computer personalization of name, address, sex, phone number & date of birth.

Variability is requested for coverage amount (per thousand) depending on Marketing offer.

Variability is requested for the mode of payment so that it will read a choice of Monthly, Quarterly, Semi-Annual or Annual.

Variability is requested for policy type (whole and term life), and benefit amounts and values (up to \$50,000 for all underwritten plans combined, for both term and whole life.) depending on Marketing offer. .

Variability is requested for the Member Number as this internal number tracks the policyholder offerings only.

Variability is requested for [yes, I want additional Accidental Death Coverage in the amount of (check one)] depending on Marketing offer